

**Model Alcohol and Other  
Drug Abuse Policy and  
Planning Coordination Act**

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# Model Alcohol and Other Drug Abuse Policy and Planning Coordination Act

## Policy Statement

Drug problems cut across the current jurisdiction of many state agencies: criminal justice, health, public housing, education and others. In many states, agencies work with insufficient knowledge of, or cooperation with, the efforts of other agencies. Scarce anti-drug resources are used in duplicative or conflicting efforts. Turf wars over responsibilities and budgets are common. There is little in the way of accurate determination of outcomes. Partnerships among agencies and between the public and private sectors are often the result of existing relationships rather than derived from strategic decisions about what might be most effective.

The Commission believes that this lack of coordinated statewide efforts is a major obstacle to dealing with the problems of drug abuse. There are alternative ways of working toward this coordination of state efforts. Some members believe that a strong policy statement regarding the need for coordination is sufficient to adjust the thinking of public officials, private leaders and the general public in a way that promotes cooperation and increased coordination.

The more widely held opinion is that the move toward coordination of state drug efforts will be materially aided by the institutionalization of such a process. The attached model legislation is offered, not as an exclusively “correct” model, but rather as a series of features and characteristics that, in some combination, varying according to the needs of each state, would characterize such an institutionalized effort.

To address these inefficiencies, many states have attempted to coordinate the efforts aimed at the problems of drugs. Some have attempted to do this by establishing a position of state drug control executive (inaccurately called “Drug Czar”). The position within the government varies from attorney general to chief of staff of an anti-drug commission.

The principles of such an effort to coordinate state drug planning, policies, and budgets are the following:

- It is necessary to establish and institutionalize a rational process for long range planning, information gathering, and strategic decision making.
- There are no quick fixes to the range of drug problems. Therefore, short and long term goals and objectives should be part of the strategy development.
- A single entity with the responsibility for planning, coordinating, and evaluating anti-drug efforts is necessary and is best placed within the executive branch; funding for this entity should be institutionalized and not be dependent on the consent of other agencies.

- All anti-drug efforts should be evaluated for outcomes as well as other performance measures and decisions regarding continued funding should be based on the results of such evaluations.
- The collection and shared use of all relevant data, research techniques, monitoring, as well as results of evaluations should improve policy planning.
- The responsible entity should seek advice from all relevant agencies as well as from the public.
- Despite the legal and regulatory differences between licit and illicit drugs, the governmental effort to address drug problems must be comprehensive and address all classes of substances that are widely abused.

There is no agreement regarding the degree of budgetary control of all anti-drug efforts by the entity with responsibility for the state anti-drug strategy.

With these principles in mind, the attached legislation offers options regarding possible methods of coordinating state drug policies. Given the differing history, governmental structure, and constitution of the various states, there is no one right way to bring about coordination legislatively. The attached is a collection of the ways in which states have worked to bring about such coordination.

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# Highlights of the Model Alcohol and Other Drug Abuse Policy and Planning Coordination Act

## ASSUMPTIONS AND REMEDIAL GOALS

- Recognizes that the nature and scope of the alcohol and other drug abuse problem transcends the jurisdictional boundaries of any single government agency and therefore requires states to develop an integrated, comprehensive and multi-disciplinary response.
- Recognizes the need to establish and to institutionalize a rational process for long range planning, information gathering and decision making so as to ensure the best possible use of limited resources and to ensure the fair allocation of such limited resources among the various programs, activities and initiatives designed to address the alcohol and other drug abuse problem.
- Recognizes that any rational and cost effective governmental effort to address substance abuse must be comprehensive and cannot be limited in its scope to any one mind-altering substance and, for this reason, a single entity within the executive branch is established or designated which would be responsible for coordinating, evaluating and monitoring efforts to address the abuse of both alcohol and controlled dangerous substances.
- Recognizes that rational strategic planning and funding decisions cannot be restricted to a single fiscal year or budgetary or grant funding cycle and, for this reason, all budgetary decisions are to be made by reference to a comprehensive, long range plan to ensure some reasonable level of consistency and stability.
- Recognizes that the collection and use of data, modern research techniques, and rigorous empirical monitoring and evaluation should at all times inform and illuminate policy planning and must be made an integral part of the policy planning and implementation.

## SPECIFIC RECOMMENDATIONS

- Provides for the establishment of a cabinet level executive council comprised of cabinet officers and state agency heads from all of the major departments involved in alcohol and other drug abuse enforcement, prevention, education and treatment.
- Provides for the chairperson of the council to be selected by the governor and to report directly to the governor.
- Provides that the executive council should be provided with adequate staff to fulfill all of its prescribed functions and responsibilities.
- Provides, alternatively, for somewhat broader representation on the council including cabinet officers from those departments and agencies which are most directly involved in alcohol and other drug abuse programs as ex officio members, and public members who could represent various county, local and private interests and constituencies involved in alcohol and other drug abuse programs.
- Provides the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council(Council) with a number of general responsibilities and functions, including:
  - the responsibility to formulate, implement and continuously revise a comprehensive statewide plan to reduce the incidence of alcohol and other drug abuse;
  - the responsibility to articulate statewide budgetary priorities based on a needs assessment;
  - the responsibility to coordinate the efforts and enlist the assistance of all public and private agencies involved in alcohol and other drug abuse programs;

- the responsibility to promote strict accountability and fiscal responsibility through objective evaluation, assessment, improvement and coordination
  - the responsibility to act as the governor's liaison with private sector treatment, counseling and rehabilitation providers, educators, and other interested persons;
  - the responsibility to review and assess the experience of other states and the federal government in developing programs and to review all research studies and findings and act as a clearinghouse of information;
  - the responsibility to review existing statutes and pending legislation to make recommendations to the legislature concerning the need to enhance or improve the state's response to the alcohol and other drug abuse problem;
  - the responsibility to seek advice and input from concerned citizens and experts and to provide feedback from these interested persons or entities concerning the effectiveness of existing programs;
  - the responsibility to communicate to citizens and explain the priorities and objectives established in the comprehensive master plan by convening public hearings and by other means.
- Additionally provides that the Council would have the specific responsibility to formulate and submit to the governor and to the legislature a comprehensive statewide alcoholism and other drug abuse master plan setting forth goals and objectives which can be quantitatively and qualitatively measured and which should be achieved within a period of time prescribed by the Council.
  - Provides that the master plan will establish policy priorities and will specifically identify all state, county and local agencies and departments which will be designated by the Council as lead or contributing agencies responsible for implementing programs and activities in order to achieve each specified objective.
  - Provides that every state agency or department identified as a lead or contributing agency is required to submit to the Council its budget plan relating to any and all alcohol and other drug abuse initiatives. The Council should then submit to the governor recommendations concerning these expenditures to ensure that they conform to the priorities, goals and objectives established in the comprehensive master plan.
- Provides that every state, county or local agency or department which applies for federal discretionary or formula grant funds concerning drug or alcohol abuse programs would be required to submit the grant application to the Council for its review prior to submitting the application to the federal agency awarding the grant. The Council should be authorized to provide, or to withhold providing, a letter of endorsement concerning the grant application.
  - Provides that the Council would have the authority to award discretionary grants to counties and municipalities for alcohol and other drug abuse programs in accordance with the priorities, goals and objectives established in the master plan. Such grant awards should be made from monies derived from a special "Demand Reduction Assessment Fund," established pursuant to other recommended model legislation, comprised of monies collected from convicted drug offenders.
  - Provides for the establishment of a statewide advisory board or boards to provide the widest possible range of information and input into the development of alcohol and other drug abuse policies and programs. The advisory board or boards should be of a manageable size but should nonetheless include enough members to adequately represent all interested constituencies involved in alcohol and other drug abuse programs.
  - Requires the Council to report annually to the governor and to the legislature on its activities during the past year, the degree of cooperation provided to the Council by other agencies and departments, and the progress made in achieving the goals and specific objectives set forth in the master plan.

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# Model Alcohol and Other Drug Abuse Policy and Planning Coordination Act

## **Section 1. Short Title.**

The provisions of this [Act] shall be known and may be cited as the “Model Alcohol and Other Drug Abuse Policy and Planning Coordination Act.”

## **Section 2. Legislative Findings.**

(a) Despite efforts by treatment programs, educators, law enforcement authorities and others, alcohol and other drug abuse remains a pervasive problem which threatens to reduce the quality of life. Many of the health, safety and public welfare problems facing society can be traced directly or indirectly, to the problem of alcohol and other drug abuse. These problems include crime and violence, AIDS, poor scholastic performance, dysfunctional families, increased medical and insurance costs, urban decay and reduced productivity in the workplace.

(b) It is estimated that [ ] dollars are spent each year in this state to address the alcohol and other drug problem. The nature and scope of the problem transcends the jurisdictional boundaries of any single government agency. For this reason, publicly funded alcohol and other drug abuse programs are currently administered by many different departments and agencies operating at the federal, state, county and local levels of government. Each such department or agency has its own unique mission, perspective and contribution to the overall effort to reduce the incidence of drug and alcohol abuse. At present, however, no single governmental authority in this state has the specific statutory mandate either to coordinate the contributions of all other involved agencies and departments or to objectively measure their impact and effectiveness in terms of carefully defined strategic goals and objectives. Consequently, this state’s current efforts to curb alcohol and other drug abuse, while significant and laudable, can best be characterized as a compilation of individual programs and activities, rather than as an integrated, comprehensive and mul-

tidisciplinary response to the alcohol and other drug abuse problem.

(c) It is in the public interest to establish and to institutionalize a rational process for long range planning, information gathering and decision making within the existing institutions of government. This is necessary:

- to avoid wasteful or counterproductive duplication of efforts;
- to fairly allocate limited public resources among the various programs, activities and initiatives;
- to acquire and use the most accurate and up-to-date information about the scope and nature of the problem;
- to use modern research and evaluation methodologies to ensure accountability and cost-effectiveness in the expenditure of public and private funds;
- to forge meaningful partnerships between government, concerned citizens and private industry; and
- to eliminate or resolve actual or potential jurisdictional disputes.

(d) While all of the citizens of this state should work toward addressing the alcohol and other drug abuse problem, it is evident that government has both the responsibility and the unique ability to orchestrate public and private efforts into a rational and comprehensive strategy, to galvanize public opinion against alcohol and other drug abuse, and to provide a meaningful forum for interested individuals to voice their concerns, to offer recommendations and to share their expertise and perspective.

(e) Given the nature and scope of the current alcohol and other drug abuse problem, it is evident that there are no easy solutions. It is therefore necessary to develop both short and long term goals and objectives as part of a rational planning process which looks beyond any given fiscal year or budgetary or grant funding cycle.

(f) Although the legal and regulatory controls for illicit drugs are different from those which apply to alcoholic beverages, at least with respect to consumption by adults, any rational and cost-effective governmental effort to address substance abuse must be comprehensive and cannot be limited in scope to any one intoxicating substance or class of substances which are widely abused. Therefore, it is necessary to establish within the executive branch of government a single entity which is responsible for coordinating, evaluating and monitoring efforts to address the abuse of both alcohol and controlled substances.

(g) Any comprehensive effort to address the problem of alcohol and other drug abuse must focus special attention on the needs and problems of underage persons. It is in the public interest to develop a means by which to identify and provide needed services and special assistance to young people before they become involved in the juvenile justice system or are otherwise stigmatized by being classified as delinquents.

### ***Section 3. Purpose.***

The purpose of this [Act] is to establish a permanent Executive Alcohol and Other Drug Abuse Planning and Coordinating Council to ensure the best possible use of human and fiscal resources in addressing the state's current and evolving alcohol and other drug abuse problem, and to provide direction for legislative, budgetary and public policy decisions affecting alcohol and other drug services. It is not the intention of the legislature to create a new bureaucracy, but rather to better coordinate those programs and activities undertaken by existing agencies involved in alcohol and other drug enforcement, prevention, education, public awareness, intervention and treatment. In implementing the provisions of this [Act], the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council shall consider the following general principles, which reflect the legislative policy of this state to enhance, coordinate, objectively evaluate and integrate all alcohol and other drug abuse programs and activities:

(a) It is necessary candidly to identify and, where feasible, to resolve jurisdictional conflicts between the multitude of agencies and departments involved in alcohol and other drug abuse programs. In order to have a successful, cost-effective statewide effort, every agency must understand its role and contributions to the anti-alcohol and other drug abuse effort in relation to the roles and contributions of all other agencies. All programs and initiatives must conform to carefully

developed and articulated statewide priorities and must appreciably advance the goals and objectives established by the Council as part of a statewide strategic planning process.

(b) Alcohol and other drug abuse programs and initiatives must be adequately funded in order to have any beneficial impact. Reasoned budgetary decisions are therefore critical to the success of the statewide effort. Moreover, rational strategic planning cannot be restricted to a single fiscal year or budgetary or grant funding cycle. All budgetary decisions should therefore be made by reference to a comprehensive long range plan. Although any such long range plan must be flexible and remain responsive to constantly changing needs and conditions, the planning process must ensure some minimum level of consistency and stability. However, no government agency or private concern should be entitled as of right to continuation or renewal funding of any particular program or initiative. Rather, all appropriations, expenditures, grant awards and contracts should be subject to careful scrutiny to ensure the best possible use of limited resources.

(c) The collection and use of data, modern research techniques and rigorous empirical monitoring and evaluation should be used to illuminate policy planning, and must be made an integral part of the policy planning and implementation process. Data and information must be put to use to identify those programs which are successful, as well as those programs which fail to meet required standards of impact and cost effectiveness.

### ***Section 4. Executive Alcohol and Other Drug Abuse Planning and Coordinating Council.***

#### ***[version A: Cabinet Level Council]***

(a) There is created within the executive branch a permanent [ ]-member Council which shall be designated as the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council (Council). The Council shall consist of [insert titles of cabinet officers or heads of departments and agencies involved in alcohol and other drug abuse, including the state attorney general]. A Council member may designate an officer or employee of the agency he or she heads to serve as his or her alternate at meetings of the Council [provided, however, that an alternate shall not be entitled to vote on matters considered by the Council].

(b) The chairperson of the Council shall be appointed by the governor and shall serve at the pleasure of the governor during the governor's term of office and until the appointment of the chairperson's successor.

(c) The Council shall meet at least monthly and at such other times as may be designated by the chairperson. Meetings shall be held in public, except that the Council may meet in executive session. [ ] members constitute a quorum. The Council may establish such subcommittees as it deems necessary.]

COMMENT

**Under this first alternative, the Council is comprised of cabinet officers and state agency heads from all of the major departments involved in drug and alcohol abuse enforcement, prevention, education and treatment. The chairperson of the Council is selected by the governor. The governor should seriously consider appointing as chairperson the head of the [single state authority on alcohol and other drugs] responsible for most alcohol and other drug abuse programs. The Council and its chairperson should report directly to the governor. The Council should be staffed by persons selected by the chairperson. It should be provided with adequate staff to fulfill all of its prescribed functions and responsibilities. Staff personnel should be provided by the various state agencies and departments which are involved in alcohol and other drug abuse programs. These personnel should report to the chairperson. In order to maximize the non-political and independent nature of the Council, it (and its staff) should be independent from the executive office of the governor and should not be physically housed in the governor's office.**

***[version B: Broader Council Representation]***

(a) There is created within the executive branch a permanent [ ] member council which shall be designated as the Executive Drug and Alcohol Abuse Planning and Coordinating Council(Council) [and which shall be independent of any supervision or control by any existing department or agency of government]. The Council shall consist of [ ] *ex officio* members and [ ] public members.

(b) The *ex officio* members of the Council shall be: [insert titles of cabinet officers from departments and agencies involved in alcohol and other drug abuse including the state attorney general]. An *ex officio* member may designate an officer or employee of the department or agency he or she heads to serve as his or

her alternate to attend Council meetings [, provided, however, that an alternate shall not be entitled to vote on matters considered by the Council].

(c) The [ ] public members shall be appointed by the governor with the advice and consent of the senate and shall be selected for their knowledge, competence, experience or interest with respect to alcohol and other drug abuse [and without regard to their political affiliation]. [Not more than one-half of the public members may be members of one political party]. The term of office of each public member shall be [ ] years, except that of the first members appointed, [ ] shall be appointed for a term of [ ] year, [ ] shall be appointed for a term of [ ] years and [ ] shall be appointed for a term of [ ] years. Each member shall serve until his or her successor has been appointed and vacancies shall be filled in the same manner as the original appointments for the remainder of the unexpired term. A public member is [eligible] [ineligible] for reappointment to the Council. The public members of the Council shall receive no compensation for their services, but shall be reimbursed for their reasonable expenses incurred in the discharge of their duties within the limits of funds appropriated or otherwise made available for this purpose. The governor may remove any public member for cause upon notice and opportunity to be heard.

(d) The chairperson of the Council shall be appointed by the governor [from among the public members of the Council] and shall serve [at the pleasure of the Governor during the governor's term of office] [for a term of [ ] years] and until the appointment of the chairperson's successor.

(e) The Council shall meet at least monthly and at such other times as may be designated by the [chairperson] [executive director]. The Council shall meet in public, except that it may meet in executive session. [ ] members shall constitute a quorum. The Council may establish subcommittees as it deems necessary to perform its functions.]

COMMENT

**Under the second alternative the Council should be comprised of a manageable number of members (e.g. 12 - 15 members). *Ex officio* members should include cabinet officers from those departments and agencies which are most directly involved in alcohol and other drug abuse programs. Public members should include persons who represent various county, local and private**

interests and constituencies involved in drug and alcohol abuse programs.

Public members should be appointed by the governor for a fixed term. They should be appointed on a non-partisan or bipartisan basis. In order to ensure future stability, the public members' terms should be staggered.

The Council should be headed by a chairperson appointed by the governor from among the public members. (Alternatively, there could be an executive director as a full time position appointed by the governor with the advice and consent of the senate. In that event, the executive director should be accorded the equivalent of cabinet level status). The chairperson or executive director should report directly to the governor.

The Council should be staffed by persons selected by the chairperson or executive director. It should be provided with adequate staff to fulfill all of its prescribed functions and responsibilities. Staff personnel should be provided by the various state agencies and departments which are involved in alcohol and other drug abuse programs. These personnel should be "loaned" to the Council and should report to the chairperson/executive director.

The Council and its staff should be independent from the executive office of the governor and should not be physically housed in the governor's office.

### **Section 5. Administration and Staffing.**

(a) The Executive Alcohol and Other Drug Abuse Planning and Coordinating Council(Council) shall be administered by [the chairperson appointed by the governor] [a full-time executive director who shall be appointed by the governor with the advice and consent of the senate, and who shall serve (at the pleasure of the governor during the governor's term of office) (for a term of [ ] years) and until the appointment of the executive director's successor.] [The executive director shall be a person qualified by training and experience to perform the duties of his or her office.] The [chairperson] [executive director] shall report directly to the governor on all matters concerning the Council [and shall serve as a member of the governor's cabinet].

(b) The [chairperson] [executive director] shall have the authority to retain such staff as are necessary to accomplish the work of the Council within the limits

of available appropriations. The [Chairperson] [Executive Director] may call upon the *ex officio* members of the Council to provide such personnel or other support services as may be necessary to accomplish the work of the Council. Any state employees assigned to the staff of the Council shall report to the [chairperson] [executive director] or to such subordinate officers or employees as the [chairperson] [executive director] may designate.

### **Section 6. General Responsibilities.**

The Executive Alcohol and Other Drug Abuse Planning and Coordinating Council(Council) shall have the following general responsibilities and functions:

- (a) to formulate, implement and continuously revise a comprehensive statewide plan for all state, county, local and private initiatives to reduce the incidence of alcohol and other drug abuse;
- (b) to articulate statewide budgetary priorities concerning all alcohol and other drug abuse programs based on a comprehensive assessment of needs;
- (c) to coordinate the efforts and enlist the assistance of all public and private agencies, organizations and individuals interested in alcohol and other drug abuse programs;
- (d) to identify lead and contributing agencies which would be responsible for implementing specific provisions of the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan or for achieving specific short or long term goals or objectives;
- (e) to foster and encourage regional, local and community plans and programs for reducing the incidence of alcohol and other drug abuse and to relate such regional, local and community plans to the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan formulated by the Council;
- (f) to identify and reduce the duplication of effort and inefficient and inconsistent policies and practices with respect to drug and alcohol abuse programs;
- (g) to review all existing systems for providing alcohol and other drug abuse prevention, education, intervention, diagnosis, counseling and related services in order to identify and to eliminate economic or bureaucratic barriers which prevent the timely and cost-effective provision of such services;

- (h) to establish methods for acquiring statistical information from public and private agencies, organizations and individuals and to collect from any state, county or local governmental entity or any other appropriate source data, reports, statistics or other materials which provide guidance for the development of informed policy planning and decision making;
- (i) to promote strict accountability and fiscal responsibility through objective evaluation, assessment, improvement and coordination;
- (j) to review alcohol and other drug abuse-related budgetary and program initiatives and to make recommendations to the governor and the legislature concerning the most cost-effective use of limited human and fiscal resources, consistent with the priorities, goals and objectives set forth in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan;
- (k) to act as the governor's liaison with private sector treatment, counseling and rehabilitation providers, educators, scientists, advocates and other persons and entities involved in or seeking to become involved in alcohol and other drug abuse programs;
- (l) to review and assess the experience of other states, the federal government and other nations in developing and implementing alcohol and other drug abuse programs;
- (m) to review all research studies and findings and to act as a clearinghouse of information for all persons interested in alcohol and other drug abuse programs;
- (n) to identify, promote and replicate specific programs which have been shown to be successful and which could be replicated;
- (o) to promote the development and implementation of effective employee assistance programs and other workplace-based alcohol and other drug initiatives in both the public and private sectors;
- (p) to award grant funds from monies collected from drug offenders to local units of government to support community-based alcohol and other drug abuse programs;
- (q) to review existing statutes and to recommend legislation necessary to enhance or improve the state's response to the drug and alcohol abuse problem;
- (r) to analyze all proposed legislation concerning alcohol and other drug abuse programs and initiatives and to provide to the governor and the legislature an objec-

tive assessment concerning the proposed legislation's predicted outcomes and impact on existing systems and its conformance with the priorities, goals and objectives set forth in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan;

(s) to review and comment upon applications for federal grant funding for all alcohol and other drug abuse programs, and to endorse those grant applications which conform with the priorities, goals and objectives set forth in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan;

(t) to seek advice and input from concerned citizens, experts, educators, treatment providers, law enforcement authorities and others concerning the development, refinement and implementation of the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan and all alcohol and other drug abuse programs, and to obtain feedback from these interested persons or entities concerning the effectiveness of existing and contemplated programs;

(u) to communicate to citizens and to explain the priorities, goals and objectives established in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan and to educate citizens as to the existence and utility of alcohol and other drug abuse programs; and

(v) to convene public hearings to solicit input and to explain or promote the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan and alcohol and other drug abuse programs.

### ***Section 7. Long Range Strategic Plan.***

Within [180 days] of the effective date of this [Act], the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council(Council) shall formulate and submit to the governor and to the legislature a Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan incorporating and unifying all state, county, local and private alcohol and other drug abuse enforcement, education, public awareness, prevention, intervention and treatment programs and initiatives. The scope of the master plan shall not be limited to any particular fiscal year or budget cycle, but rather shall outline the state's drug and alcohol abuse strategy for a period of not less than five years. The master plan shall set forth goals and objectives which can be quantitatively and qualitatively measured and which should be achieved within a period of time as may be specifically prescribed by the Council. The master

plan shall establish policy priorities and shall specifically identify all state, county and local agencies and departments which will be designated by the Council as lead or contributing agencies and which shall be responsible for implementing programs and activities in order to achieve each specified objective. The master plan shall be based upon the best available information concerning the current nature and extent of the state's drug and alcohol abuse problem, and the Council shall annually revise the master plan to account for new information, research, problems, technologies, methodologies and opportunities.

### ***Section 8. State Spending Recommendations.***

Every state agency or department identified in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan as a lead or contributing agency shall submit to the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council(Council) their budget plans relating to any and all alcohol and other drug abuse initiatives concurrently with their submission to the [insert designation of the state office or department responsible for collating budget information and for preparing the state budget for submission to the legislature] . The Council shall submit to the governor by [insert date] of each year a report [containing recommendations for expenditures in the next fiscal year that conform to the priorities, goals and objectives established in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan. The Council's report shall include an analysis of each department's proposed expenditures which shall address the need for and benefits reasonably expected to be derived from the proposed expenditure in terms of the priorities, goals and objectives set forth in the master plan.] [which shall include recommended appropriate allocations to state departments, local governments and service providers that conform with the priorities, goals and objectives set forth in the master plan.] Every state agency or department shall cooperate with the Council and shall in a timely fashion provide such information, data reports, statistics, analysis or other materials which are necessary to permit the Council to perform its budget review and recommendation function. Nothing in this [Act] shall be construed to prevent a state department or agency from submitting a proposed budget or request for funding to the governor or the legislature in accordance with accepted practice and procedure.

### ***Section 9. Federal Grant Funding Recommendations.***

Every state, county or local agency or department which applies for federal discretionary or formula grant funding for any alcohol and other drug abuse program shall submit the grant application to the Executive Alcohol and Other Drug Abuse Planning and Coordinating Council (Council) for its review not less than 30 days prior to formally submitting the application to the federal agency or department responsible for awarding the grant. The Council shall be authorized to review the application and to comment thereon concerning the application's conformance to the priorities, goals and objectives established in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan. The Council shall also be authorized to provide, or to withhold providing, a letter of endorsement to the federal agency or department responsible for awarding the grant. Every such state, county or local agency or department seeking federal grant funding shall cooperate with the Council and shall in a timely fashion provide such information, data, reports, statistics, analysis or other materials which are necessary to permit the Council to perform its grant application review and endorsement function. Nothing herein shall be construed in any way to prevent the Council from endorsing or refraining from endorsing any application by a state, county or local agency or department for grant funding from a private foundation.

### ***Section 10. Awarding of Demand Reduction Grants.***

The Executive Alcohol and Other Drug Abuse Planning and Coordinating Council shall, upon the recommendation of the [chairperson] [executive director], award discretionary grants to counties and municipalities for alcohol and other drug abuse programs in accordance with the priorities, goals and objectives established in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan. The Council shall adopt rules and regulations for the awarding of such grants from funds derived from the ["Demand Reduction Assessment Fund" established pursuant to Model Drug Demand Reduction Assessment Act][or the Special Asset Forfeiture Fund established pursuant to the Commission Forfeiture Reform Act.] Funds dispersed under this [Act] shall not supplant local funds that would have otherwise been made available for alcohol and other drug abuse programs and initiatives. County or municipal grant recipients shall as a condition of the grant award provide

matching funds when and to the extent required by the rules and regulations adopted by the Council.

**Section 11. Statewide Advisory Boards on Alcohol and Other Drug Abuse.**

(a) A Statewide Advisory Board for Alcohol and Other Drug Abuse (Board) is hereby permanently established in the Executive Branch to assist the Executive Drug and Alcohol Abuse Planning and Coordinating Council (Council) in performing its functions. The Board shall be comprised of not more than [ ] nor fewer than [ ] members, who shall be appointed by the [governor] [chairperson] [executive director] of the Council. Board members shall be selected based on their knowledge, competence, experience or interest with respect to drug and alcohol abuse [and without regard to their political affiliation]. The Board shall include representatives from statewide associations or community organizations involved in alcohol and other drug abuse programs and initiatives and shall to the greatest extent possible reflect all state, county, local and community-based interests with respect to drug and alcohol abuse enforcement, prevention, education, public awareness, intervention and treatment.

(b) The term of office of each Board member shall be [ ] years, except that of the first members appointed, [ ] shall be appointed for a term of [ ] years. Each Board member shall serve until his or her successor has been appointed and vacancies shall be filled in the same manner as the original appointments for the remainder of the unexpired term. An Board member is [eligible] [ineligible] for reappointment to the Board. The members of the Board shall receive no compensation for their services, but shall be reimbursed for their reasonable expenses incurred in the discharge of their duties within the limits of funds appropriated or otherwise made available for this purpose. The [governor] [chairperson] [executive director] of the Council may remove any Board member for cause upon notice and opportunity to be heard.

(c) The Board shall meet once each quarter and at such other times as may be designated by the [chairperson of the Council]. The [chairperson] [executive director] shall attend and serve as the chairperson of all Board meetings. The Board shall meet at such locations as may be designated by the [chairperson] [executive director] for the convenience of the Board members and to ensure the widest possible representation of interests throughout the state. [ ] Board members

shall constitute a quorum. The Board may establish subcommittees, subject to the approval of the [chairperson] [executive director], as it deems necessary to perform its functions. The [chairperson] [executive director] may appoint on an *ad hoc* basis such persons as may be necessary to sit on any subcommittees established by the Board, and these subcommittee members shall serve at the pleasure of the [chairperson] [executive director] or for such period of time as he or she may prescribe.

(d) The staff of the Executive Drug and Alcohol Abuse Planning and Coordinating Council shall provide staff to the Statewide Advisory Board on Drug and Alcohol Abuse as necessary to accomplish the work of the Board.

(e) The Statewide Advisory Board on Drug and Alcohol Abuse, may, subject to the approval of the [chairperson] [executive director] of the Council adopt bylaws to govern the conduct of its proceedings. All Board meetings shall be conducted in public and in accordance with [insert citation to applicable state sunshine law.].

COMMENT

**A statewide [or alternatively regional advisory] board(s) should be established to provide the Council with the widest possible range of information and input into the development of alcohol and other drug abuse policies and programs. Regional advisory boards should be established if the size of the state so warrants. The advisory board(s) should be of a manageable size, but should nonetheless include enough members to adequately represent all interests and constituencies involved in alcohol and other drug abuse programs. Appropriate members might include any or all of the following:**

- (1) representatives from the state Police Chiefs' Association;**
- (2) representatives from the state District Attorney's Association;**
- (3) representatives from state organizations of treatment providers or experts;**
- (4) corrections officials;**
- (5) representatives from social services agencies;**
- (6) persons experienced in handling issues affecting youth, and especially "at risk" youth;**

- (7) persons involved in job placement and development programs;
- (8) representatives from the State Department of Insurance or experts in health and hospitalization insurance matters;
- (9) state, county or local housing authorities;
- (10) state, county or local education officials and teachers;
- (11) representatives from institutions of higher education;
- (12) experts on matters relating to the elderly;
- (13) representatives from the courts or Administrative Office of the Courts;
- (14) representatives from the association of county departments or agencies responsible for county parole or probation supervision;
- (15) representatives from the State Bar Association; and
- (16) representatives from business and industry.

Board members should be appointed by either the governor, or the chairperson or executive director of the Council for a fixed term. These terms should be staggered at the outset so as to ensure future stability. The Board should meet regularly to exchange information, to provide input and to make recommendations to the Council as to the development of the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan and all aspects of the Council's responsibilities. The chairperson or executive director of the Council should attend and should chair all meetings of the statewide

Board. Board members should receive no compensation, but should be reimbursed for their reasonable travel expenses incurred in performing their duties.

### ***Section 12. Annual Report.***

The Executive Drug and Alcohol Abuse Planning and Coordinating Council shall report annually to the governor and the legislature on its activities during the past year, the degree of cooperation provided to the Council by other agencies and departments involved in drug and alcohol abuse programs, and the progress made in achieving the goals and objectives set forth in the Comprehensive Statewide Alcohol and Other Drug Abuse Master Plan.

### ***Section 13. Severability.***

If any provision of this [Act] or application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or application of the [Act] which can be given effect without the invalid provision or application, and to this end the provisions of this [Act] are severable.

### ***Section 14. Effective Date.***

This [Act] shall be effective on [reference to normal state method of determination of the effective date][reference to specific date.]

# Appendix E

ANALYTIC FRAMEWORK FOR DESIGNING STATE AND LOCAL  
DRUG STRATEGIES

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# Excerpts From

## “Analytic Framework for Designing State and Local Drug Strategies”

### ABSTRACT

State drug control policy coordinators — “drug czars” — face both an organizational challenge and a substantive one. Organizationally, they exercise only indirect and limited influence over the state agencies, local governments, and private institutions where most of the work of drug abuse control takes place. Substantively, the variety of abusable drugs, the complexity of drug abuse control measures, and the multiplicity of goals combine to make choosing and executing wise drug policies a daunting problem.

This essay attempts to impose some order on that complexity by laying out both the goals of drug abuse control policy and the categories of instruments policymakers can employ, with special attention to the problem of identifying, choosing, and adapting “model” or “star” programs to fit local conditions.

### INTRODUCTION

While the federal government takes primary responsibility for international drug abuse control efforts and for law enforcement directed at the largest drug dealing organizations, state and local governments provide, or contract for, the majority of drug law enforcement, drug abuse prevention education, and publicly-funded drug treatment. Authority and responsibility for these efforts is fragmented: divided between states and their localities, across state agencies, and between governments and other institutions, including businesses, non-profit organizations, and families.

To deal with this organizational complexity, many states have created drug policy coordinators — “drug czars” —

to take overall responsibility for the process by which policies are designed and implemented both within the state government and elsewhere. The state “drug czar” thus has a policy design problem and a problem in strategic and indirect management. This paper will focus on the problems of policy design and analysis. A complementary paper<sup>1</sup> deals with the problems of strategy and management. We should state that the techniques of strategic management, especially the use of symbols and visions to mobilize resources, are also policy tools. A policy which fails a narrow cost-benefit test may still be worthwhile if it contributes to the mobilization process.

The purpose of drug policy is to limit the damage done by drug abuse and illicit drug trafficking: damage to drug users, to other individuals, and to institutions and neighborhoods. “Damage” here includes risk; for example, although someone may go through a period of heavy drug use and emerge unharmed, or a drinking driver may arrive home safely, reducing such risky behavior is itself a goal. Measures taken to reduce drug abuse, like all public policies, have costs and unwanted side effects. The drug policy problem, to state it at the most abstract level, is how to minimize the total damage done by drug abuse, drug trafficking, and drug abuse control measures.

One drug abuse control measure is prohibition. It creates a class of illicit drugs, reducing the number of people who consume those drugs, but at the same time curtailing possible beneficial uses and creating illicit markets, and all the problems they bring.

Consequently, not all drugs of abuse are prohibited. Some, such as alcohol and nicotine in the form of tobacco, are available for non-medical use by all adults. Others, such as tranquilizers and opiate pain-relievers, are available only by doctor’s prescription. Still others, such as

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<sup>1</sup> See Mark H. Moore, “Leading the Crusade Against Drugs: Strategies of State-Level Drug Czars” (Cambridge, Mass.: Harvard University, 1993).

glue and gasoline, are available for non-drug uses. Making drug abuse control policy involves thinking about all abusable substances, licit as well as illicit. But it is the illicit substances that generate what to most Americans is the most frightening face of the drug problem: violence, property crime, and disorder associated with illicit markets and expensive habits, and the creation of an illicit career track that can easily divert adolescents from less flashy legitimate work.

Under any given set of external conditions (e.g., drug supplies and prices, enforcement levels), individuals and neighborhoods will differ in their vulnerability to the temptations to engage in drug abuse and drug dealing. The distribution of vulnerabilities represents both an important background fact that policymakers need to understand and adapt to, and an important possible target of public and private drug abuse control actions.

## DESIGNING A DRUG ABUSE CONTROL POLICY FOR A SPECIFIC AREA

### ASSESSING THE CURRENT SITUATION AND RESPONSE

Too many policy-design efforts start with an idea for a program rather than a careful assessment of what is now going on. This risks designing and implementing the right solution to the wrong problem. Efforts devoted to understanding the current situation with respect to drug trafficking, drug consumption, and the associated harms, and also the current public and private responses, are likely to more than pay for themselves.

Knowledge about drug consumption comes from three sources: anecdotes, surveys, and observations. Unfortunately, national surveys offer only limited help in understanding the situation in a specific state or locality. Anecdotes are useful for generating hypotheses to be investigated, but notoriously unreliable as a basis for conclusions. Observations — of arrestees whose body fluids show signs of recent illicit drug use, of persons applying for drug treatment, of emergency-room visits for drug overdoses, of open dealing or complaints about dealing from neighbors — measure only a part of the problem, since most consumption, and much consumption-related damage, is never observed. Still, they represent an underutilized source of data about local conditions. The same is true of local surveys, which need not be of the highest technical quality to yield important insights.

Given the fragmentary nature of the data, the task of inferring the extent and distribution of drug-related dam-

age is likely to be complicated, and the result imperfect. But simply forcing program advocates to clearly express their opinions about the extent of damage and to support those opinions with data is an important step. Far better to neglect the subtle than to neglect the obvious.

An accurate characterization of the current response is as important as an accurate characterization of the current problem. In any area, substantial public and private resources are being expended right now with the announced purpose of preventing and controlling drug abuse and related damage. What are those resources? How are they being employed? What measurable outputs are being produced? What is the imagined relationship between the activity and reduced drug abuse? What evidence is there to substantiate that relationship? Every existing program ought to be subjected to the same test: Would those resources be more useful employed in some other activity by the same agency, or by some other agency? Where the answer is “yes,” a battle is likely to follow; not all justified resource allocations are politically feasible. Still, current programs should always be considered as possible sources of funds for new programs.

Equally important, what isn't being done? Where are the bottlenecks? Are the police arresting more users than the courts can try? Are the courts ordering people to get treatment where there is no treatment available? Is the police drug laboratory backed up? Are there waiting lists for some programs and empty slots in others, and does that represent a mismatch of availability to need, a lack of communication, or program-shopping by users and client-shopping by programs?

Finally, an assessment ought to look for instances where that hoary cure-all, coordination, could actually help. This means finding instances where operating data from one organization that could directly benefit the operations or decisions of another organization are not being transmitted, or where decisions of one unit are frustrated by lack of complementary action by another unit. Too often, the search for “coordination” leads merely to time-wasting meetings and the preparation of plans that then gather dust, but there are also plenty of instances where only coordinated activity is likely to bear fruit.

The result of all this assessment work should be the identification of one or more aspects of the drug problem and the current response that stand in need of concentrated attention. The next step is deciding what form that attention should take.

## DESIGNING AND MONITORING INTERVENTIONS

Once some part of the drug problem is identified as being of special concern and the current response is analyzed, the task is to design and implement an appropriate response. One approach to this task is to design from scratch: assemble a team and give it the task of inventing a workable solution, given limited resources, to the identified problem.

This “tailor-made” approach has the virtue of ensuring that the proposed solution fits the situation. But it risks spending scarce time and energy reinventing the wheel, or failing to identify a solution that someone elsewhere has already developed. In addition, if each program must be reinvented afresh in each site, the opportunity to profit from the experience of others will be missed.

Thus it makes sense to seek solutions from elsewhere. To aid this process, federal agencies and private organizations have produced handbooks for “model programs” of various kinds. Agencies that have invented something that works for them are often generous with information, and some become quite zealous proselytizers. The search for the right solution is sometimes reduced to the search for the right program model to imitate; if it worked elsewhere, why shouldn’t it work here?

The answer is that “here” is different from elsewhere. Even if all the background social conditions were identical, the institutional context and the specific individuals who make a program work or fail cannot be carried from place to place along with the program manuals for TASC or DARE or any of the other acronymic panaceas available on the market in second-hand solutions.

In general, a problem in one area cannot be solved simply by importing the right program. Each jurisdiction needs to go through a process of choosing programs that fit its needs and adapting them to local conditions. That process should proceed in several stages, involving answers to the following questions:

### 1. What is the problem?

Drugs do so many different kinds of damage that it is difficult to keep them all straight. Reducing the extent of drug abuse is always desirable, but it is equally desirable to select some aspects of the problem for special attention and to work on them. Not all programs are equally useful for all problems. If drug abuse among adolescents is the problem, it makes sense to devote special enforcement attention

to the drugs adolescents actually use, rather than those more typically used by adults. If the problem is drug-related violent and property crime, then drugs whose use or trafficking is directly related to violence or theft should be addressed.

One difficulty with pursuing “star” programs is that some of them may provide solutions for problems that a particular jurisdiction does not have. For instance, there are a number of excellent program models for breaking up open retail drug markets, but implementing one in an area without such markets would have little value.

Given a proposed program, it makes sense to ask, “To what problem does this solution correspond? Is that a problem of great concern to us?” There is no use spending good money on a solution you don’t have a problem for.

### 2. What is the program type?

There are only so many different responses available to reduce the harm that drug abuse and drug dealing create. If we start with a problem to be solved, the vocabulary of possible types of responses will be limited. If, on the other hand, someone proposes a specific set of activities, there is almost always a broader category of programs into which the proposed one can be made to fit.

Sometimes the choice is between programs of different types: a retail-level crackdown, for example, versus mandatory abstinence for drug-involved offenders as ways of reducing the crime and disorder surrounding open drug markets. Each type will have its characteristic advantages and disadvantages, side effects, and costs. But since programs cannot simply be adopted, but need to be adapted to local conditions and then implemented, a direct comparison across program types will never be straightforward. The question is what program, when adapted and implemented, will produce the most value in a specific area with specific problems.

### 3. What is the claimed mechanism of action?

Any program or policy is an attempt to influence the course of events. That attempt involves a chain of causation: “We do X, which causes dealers to begin to do Y, which causes drug buyers to do Z, which reduces problem A that we are worried about.” Careful thought about the mechanisms of

action of a proposed program will help clarify whether it can help solve a problem that is important to the jurisdiction making the choice. It will also clarify the choices that must be made in designing a specific program.

#### **4. What are the costs?**

Programs require funds for planning, implementation, and evaluation. Further, programs produce costs that do not necessarily appear in the program budget. A program relying on street-level sweeps that result in large numbers of arrests generates not only program expenditures, but expenditures by court and prison systems as well. Policymakers need to consider all costs that a program or policy might generate when they design and implement interventions.

#### **5. What are the characteristic problems and side effects?**

Every type of program has problems and modes of failure to which it is especially prone. Therapeutic communities have high drop-out rates; detoxification programs have high relapse rates; methadone maintenance programs create long-term dependency on methadone, and some of their drugs “leak” onto the illicit markets. Retail enforcement crowds the courts, and stiff sentences crowd the prisons. Understanding the characteristic drawbacks of a program is useful both in selection — if the courts are already jammed, concentrated retail enforcement may not be a good idea — and in adaptation: it is possible to design retail enforcement programs to minimize the number of arrests and thus the strain on the courts.

#### **6. What are the alternatives?**

This breaks down into two questions. First, what are the alternative ways of handling the same problem or obtaining the same benefits? That is, is the proposed program the best way to manage this situation? Second, what else could we do with the money and effort that the proposed program would absorb, and what benefits would accrue from employing them in these alternative uses? That is, is the proposed program the best use of the resources it engages?

#### **7. What are the design parameters?**

The differences among possible implementations of a given program type can be thought of as the parameters of a formula: take a program type, specify the values of the key parameters, and you have a specific program ready to implement. For a treatment program of a given type (therapeutic community, outpatient drug-free, etc.), the design parameters would include size (number of patient “slots”), duration, staffing ratios, and patient selection criteria. It is in setting the parameters that local conditions and capacities can be considered. Thinking of design choices in terms of parameters whose value could be higher or lower encourages one to think in terms of trade-offs: between the number of patients who can be treated and the success probability for each patient, or between fewer, longer sentences and more, shorter sentences.

#### **8. What organizational capacity is needed? Do we have it or can we build it or buy it?**

Different programs put different demands on the public and private institutions involved. Retail enforcement requires much laboratory capacity; neighborhood mobilization requires a community that is, or can be, organized around the drug issue; mandatory abstinence for drug-involved offenders requires a probation department adequately staffed to administer the tests and write up the violations, and tough enough to carry through with sanctions; treatment requires a program, a staff, and a site.

An organization is not an all-purpose tool, adaptable to any use. Its history, its organizational structure and culture, and the training and professional aspirations of its staff make it capable of doing some jobs and not others. Unlike the economist in the story, we can't simply assume that we have a can opener; if there is not enough of the right kind of organizational capacity, we must decide to create it (and accept the costs) or look for a different program design that requires less of it.

Just as intelligent agricultural management pays attention not only to the question of whether the soil will nourish this year's crop, but to the question of what this year's crop will do to the soil, good management treats organizational capacity as both a resource to be employed and a capital stock to be maintained and improved. Executing a program can either erode an organization's capacity and

leave it less capable for the future, or it can increase its morale, its stock of skills, and its repertoire of responses.

### **9. What is the plan?**

Having gone through the process of selecting a program type appropriate to some problem, considering its drawbacks, choosing a design appropriate to the local setting, and identifying or planning to build the requisite organizational capacity, we are now ready to make an operational plan, specifying who is to do what, when, with what resources, and at what costs. That plan will be wrong in ten thousand ways, and it will be necessary for the program managers to adapt on the fly. But in the absence of a plan, foreseeable problems and bottlenecks will not be foreseen and issues of design and organizational responsibility will not surface in timely fashion. A detailed plan also serves as a focal point for expectations and thus as a valuable coordinating mechanism.

### **10. How do you know what is working and fix what is not?**

A detailed plan is an evaluator's dream, because it makes it easy to point out all the ways in which the program as it happened fell short of the program as planned. This temptation should be resisted.

For most purposes, the evaluator-as-scorekeeper is not very useful; even in the unlikely event that an outside evaluator can accurately measure how well the program is doing, unless the result is directly tied to budget that measurement may have no direct application. At worst, program administrators begin to manage the evaluator's perceptions rather than the real situation (as in the case of schools that begin to teach how to pass standardized tests).

Far more useful is a process of monitoring the operation of the program, in light of its claimed mechanism of action, to identify ways in which that operation can be improved. The organization actually carrying out the program is usually in the best position to monitor it, with help from outsiders with training as evaluators or experience in managing similar programs. One disadvantage of evaluation-as-scorekeeping is that it gets in the way of evaluation-as-coaching.

If retrospective evaluation by an outsider is not to

be used, some other way will be needed to make the program managers accountable for their expenditure of public money and authority. Partly, this merely requires having a separate audit function to ensure that the money was appropriately spent and accounted for. But at a deeper level, it requires designing into the program from the beginning some robust (i.e., hard-to-manipulate) measures of value, measures that the program's managers and staff acknowledge as reasonable proxies for their performance.

### **THE JOB OF THE CZAR**

It would be ludicrous to imagine the state drug coordinator as a master policy analyst and monitor, calculating what everyone else should do and watching to see that they do it. But the czar does have a useful role in asking the right questions, listening critically to the answers, and encouraging others to do the same and to resist the siren call of simple one-dimensional answers. Policies, like theories, should be as simple as possible but not more so.